

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4779 62-021017
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 23 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Enroute to City Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>6337 Nottingham</i>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>Nicholas</i> Last <i>Soell</i>		4. DATE OF DEATH Month <i>May</i> Day <i>9</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4/9/16 1905</i>
9. AGE (last birthday) <i>46</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>owning salesman</i>	
11. BIRTHPLACE (City and state or country) <i>St. Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Adolph Soell</i>		13b. MOTHER'S MAIDEN NAME <i>Lillie Schlewing</i>	
14. NAME OF HUSBAND OR WIFE <i>Clara Soell</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. INFORMANT Address <i>25 Clara Soell 6337 Nottingham</i>	
18. CAUSE OF DEATH (Enter only one cause per line for part I and part II) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CORONARY OCCLUSION</i> DUE TO (b) <i>4201</i> DUE TO (c) <i>4201</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <i>ACUTE</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>12</i> a.m. <i>p.m.</i> Month, Day, Year <i>May 3 1962</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Last 3 years</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo.</i>	
21. I attended the deceased from <i>May 3 1962</i> and last saw him alive on <i>May 3 1962</i> Death occurred at <i>12 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph J. Koller MD</i>		22b. ADDRESS <i>4966 1/2 Delmar Blvd</i>	
22c. DATE SIGNED <i>5/10/62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>	23b. DATE <i>5/12-1962</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>Resurrection Cern</i>	
23d. LOCATION (City, town, or county) <i>St. Louis Co. Mo</i>		(State)	
24. FUNERAL DIRECTOR <i>Witt Mortuary 6409 Gravois Av.</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 10 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Lead Smith. M.D.</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

6353 Murdock

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J W Densley

Licensed Embalmer No. 3653

P. O. Address St Louis 8 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.